MR. M. SIVATHANU PILLAI: May I know whether Government enquired into the reason why this gentleman happened to be serving in so many different factories?

MR. C. KUMARA DAS: No, Sir.

MR. P. SIVARAMA PILLAI: What was he doing before his appointment as Ceramic Expert here?

MR. C. KUMARA DAS: He was the Professor of Ceramics in the Benares Hindu University.

MR. P. SIVARAMA PILLAI: What was his pay there?

MR. C. KUMARA DAS: I do not know.

MR. P. SIVARAMA PILLAI: What is his pay here?

MR. C. KUMARA DAS: Rs. 600.

DEMANDS FOR GRANTS—(*contd.*)

DEMAND IX—MEDICAL.

VAIDYASASTRAKUSALA DR. (MRS.) M. POONEN LUKOSE *Surgeon General*: Sir, I move for a grant not exceeding Rs. 10,50,977 under Demand IX—Medical.

Motion No. 320.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: Sir, I move to reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

The object of this motion is to discuss the desirability of increasing the number of House Surgeons in hospitals and dispensaries. Sir, the scheme for the entertainment of honorary House Surgeons was commenced in the year 1110 and we find in the Budget of the year 1115 that there is a provision for an honoraria being paid to 12 House Surgeons at the rate of Rs. 30 per mensem and to 4 House Surgeons at the rate of Rs. 20 per mensem and the total amount provided for the purpose in the next year's budget is Rs. 5,230 on the whole.

Sir, let us now look at the question whether this scheme has resulted in any substantial benefit to the public in the matter of getting medical aid. In the Financial Secretary's speech introducing the Budget for the year 1114 it is stated like this—"Those honorary House Surgeons do regular hospital work and thereby meet in some measure the demand for additional staff in the Medical Department." Sir, there is a general complaint from the public and I presume from the departmental head also that the number of medical officers just at present in the department is not quite adequate to the needs of several institutions in the State. Sir, this difficulty of the Department and the inconvenience and sufferings of the public could be very well remedied by increasing the number of these Honorary House Surgeons; and a resort to this course, of course will not entail very large expenditure either. Sir, it can be seen from the administration report of the Medical Department for the year 1113—I am stating it as an instance—that in Chengannur District Dispensary the total number of patients treated in the year 1113 was 48,668 and that the average daily attendance was 375.44. Sir, there is only one medical officer in charge of this institution and

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[Mr. Puliyoor T. P. Velayudhan Pillai.]

I may be permitted to submit that it is physically impossible for anyone medical officer to attend to 375·44 cases in the course of a few hours of a day. Sir, if this suggestion of increasing the number of House Surgeons both in the hospitals and in the important dispensaries of the State is adopted, the question of insufficiency of hands can satisfactorily be solved.

Moreover, there is a good number of duly qualified candidates in medicine in all parts of the State and also belonging to all communities. Sir, these young candidates are waiting for appointment in the Medical Department and by so doing they lose their knowledge and practice in medicine which they would have been able to utilise for the advantage of the public.

PRESIDENT: Presumably, they qualified for medicine in order to start private work.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: Sir, it may be very easy for men in authority to observe that they can very well resort to private practice. But, Sir, it requires a good initial investment for starting private practice also and many of them may not, after their education and huge expenditure on that account, find it possible or convenient to start private practice. Sir, from this it is clear that the principle underlying this motion can very well be accepted by the Government. With these observations I move my motion for the acceptance of the House.

MR. M. L. JANARDANA PILLAI (*Nominated*): Sir, I have great pleasure in supporting the motion of Mr. Velayudhan Pillai. As was pointed out by Mr. Velayudhan Pillai, the number of attendance in even a dispensary like the Chengannur dispensary comes to more than 300 and it is simply physically impossible for any medical man to do justice to his work and to do justice to the patients whom he is treating, if he is expected to do his work properly. What is being done in almost every institution except perhaps in some of the big hospitals, is the perfunctory manner in which patients are examined and the equally perfunctory manner in which prescriptions are written. There are, as pointed out by Mr. Velayudhan Pillai, a number of medical graduates in the country who are unemployed. Now, it is a very very big question as to whether they cannot take up private practice. It is within the common knowledge of everybody that the young medical men who take up to private practice are likely to commit serious errors, endangering the life of the patients who may be committed to their charge. On the other hand, the practice suggested by Mr. Velayudhan Pillai will give these medical men the opportunity of working with senior medical men in Government hospitals so that in course of time they will acquire sufficient practice, not only in medical work but also in surgical work and then in a few year's time they will be competent to start private practice, with considerable advantage to the public and to themselves. Not only that. It is time, I believe, for the State to

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seriously consider whether the State should go on continuously spending in the manner in which they are spending on the Medical Department at present. Elsewhere the system has been introduced by which, slowly the public are directly made to pay the medical men who are treating the patients. Such a system has not come to stay here and it is impossible for us under present conditions to adopt such a system because there are not sufficiently qualified medical men outside the Department to take up the work. If there are really qualified medical men in and around the places where you have got first class hospitals and they are allowed to come and work under senior medical men in those hospitals, in a few years' time these medical men could be available to the country, so much so, Government will be enabled to reduce their expenditure under this item. Therefore, I trust that this motion will receive the support of the House and will meet with the approval of Government.

MR. VARKALA K. MADHAVAN: Sir I oppose the motion. In my opinion, the extension of the ordinary House Surgeon system will not be of any benefit to the patients. The honourable members may have no detailed information of the results of the working of this system in British India. Sir, I have known patients coming from the British parts telling me about the sort of medical help they are getting in British India. One gentleman told me that every House Surgeon will have two needles, one blunt and one sharp, for injecting. The blunt needle will be used on the first day so that it may cause the maximum pain to the patient. The next day, if the patient brings some money, the other needle will be used.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: May I know whether the honourable member is aware of the fact that the Madras Provincial Government have expressed their opinion very strongly in favour of the continuance of the scheme on account of the very good results arising therefrom?

PRESIDENT: Order, order. Has it been really tried in Madras?

VAIDYASASTRAKUSALA DR. (MR.) M. POONEN LUKOSE: It has not been tried, Sir.

MR. VARKALA K. MADHAVAN: Sir, I think the opinion of the patient is the authority and not the opinion of the honourable the Minister in charge of the Department.

PRESIDENT: Unless he is the patient also.

MR. VARKALA K. MADHAVAN: Sir, Travancore is not a rich country. It is mainly an agricultural country. In rural parts the medical practitioners get their fee not in money but in kind, such as mangoes and jack fruits. Sir, I have enquired into the actual state of affairs in several villages and even in towns and this is the plight of the young medical graduates who have set up practice in several parts of the State. The conditions in England and other industrial countries may be quite different. There the people are very rich and will not go to

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[Mr. Varkala K. Madhavan]

any Government hospital. They will go only to the nursing homes and they have the financial resources to pay for the efficient medical aid. But that is not the case in Travancore where there are poor people who depend for medical aid only upon Government. Government have been very charitable in this direction and they have been giving efficient medical aid to all the members of the State. I want more paid doctors and not house Surgeons—with starvation allowances. Sir, with these words, I emphatically oppose the motion.

MR. P. S. MUHOMED (*Quilon cum Kottarakara*): ഞാൻ ഈ ഉപക്ഷേപത്തെ അനുകൂലിക്കുന്നു. തിരുവിതാംകൂർ മറ്റുരാജ്യങ്ങളെ അപേക്ഷിച്ചു സാമ്പത്തികമായി വളരെ വിഷമിച്ചുകൊണ്ടിരിക്കുന്നതുകൊണ്ടു ജനങ്ങൾക്കുവേണ്ടവിധത്തിലുള്ള വൈദ്യസഹായംലഭിക്കുന്നതിനു കൂടുതൽ ഡാക്ടറന്മാരെ ഏറ്റവുംകുറഞ്ഞചിലവിൽ ഏർപ്പെട്ടുത്തത്തക്ക ഒരു പദ്ധതിയുണ്ടാക്കണമെന്നാണു എന്റെസ്നേഹിതൻ ഇവിടെ പ്രസ്താവിച്ചതു്. അങ്ങിനെചെയ്യുന്നതായാൽ അതു പാവപ്പെട്ട ജനങ്ങൾക്കു വൈദ്യസഹായംലഭിക്കുന്നതിനു് പ്രതിബന്ധമായി തീരുന്നതു എങ്ങിനെ എന്നു മനസ്സിലാകുന്നില്ല. ഇന്നു് തിരുവിതാംകൂറിൽ പ്രൈവറ്റായി പ്രാക്ടീസുചെയ്യുന്ന ഡാക്ടറന്മാർ ആശുപത്രികളിൽ പ്രാക്ടീസുചെയ്യുന്ന ഡാക്ടറന്മാരെക്കാൾ കൂടുതൽ ശ്രദ്ധപതിപ്പിച്ചു് അവരുടെ കൃത്യങ്ങൾ നിർവഹിക്കുകയും തൻനിമിത്തം ജനങ്ങളുടെ സ്നേഹം സമ്പാദിക്കാൻ അവർക്കു സാധിക്കുകയും ചെയ്യുന്നതായി കാണുന്നുണ്ടു്. എന്നാൽ ശസ്ത്രക്രിയ നടത്തുന്നതിനുള്ള ആയുധസാമഗ്രികൾ ലഭിക്കുന്ന വിഷയത്തിലാണു് ഇന്നു് അവർക്കു കുറെ വിഷമമുള്ളതു്. രാജ്യത്തിന്റെ പല ഭാഗങ്ങളിലായി പ്രാക്ടീസുചെയ്യുന്ന പരീക്ഷാവിജയികളായ ഡാക്ടറന്മാർക്കു് ആശുപത്രികളിലെ സർജറി സാമഗ്രികൾകൂടി ഉപയോഗപ്പെടുത്തുന്നതിനു് സൌകര്യം കൊടുക്കുന്നതായാൽ അതു് ജനങ്ങൾക്കു് വളരെ പ്രയോജനപ്രദമായ ഒരു മാർഗ്ഗമായിത്തീരുന്നതാണു്. ഈ നിലയിൽ പ്രവൃത്തിച്ചാൽ ഇന്നു് ഡിപ്പാർട്ടുമെന്റിൽ വലിയ വലിയ ശമ്പളത്തിലിരിക്കുന്ന ഡാക്ടറന്മാരുടെ സംഖ്യ ക്രമേണ കുറയ്ക്കാൻ സാധിക്കുന്നതാണു്. മെഡിക്കൽ ഇൻസ്റ്റിറ്റ്യൂഷൻ എന്ന ഇനത്തിലുള്ള ചിലവിനെ ജനങ്ങൾക്കു് കൂടുതൽ പ്രയോജനപ്പെടത്തക്കവിധത്തിൽ ചിലവുചെയ്യുക ഈ പദ്ധതിയെ അഭിവൃദ്ധിപ്പെടുത്തണമെന്നുള്ള അഭിപ്രായത്തോടുകൂടി ഈ ഉപക്ഷേപത്തെ ഞാൻ പിൻതാങ്ങുന്നു.

MR. S. GOVINDA PILLAI (*Chirayinkil cum Nedumangaud*): Sir, I support the motion before the House. The other day we were discussing the Medical Registration Bill. If we were not able to pass the bill yesterday, we will be able to pass it tomorrow. Then it will be

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necessary for us to secure a well-equipped staff who will be able to look after the welfare of the rural population. If the scheme of House Surgeons is enlarged, if they are allowed to do work in some of the hospitals of the State, they will be able to take up, in course of time the rural medical work in the villages and they would get an opportunity to get practical experience in medicinal treatment. In course of time there will be a number of doctors who will be able to take up rural work. It will also to a great extent solve unemployment among the medicial graduates who come out of the University.

For these reasons I support the motion before the House.

MR. KAVIYOOR K. K. KOCHUKUNJU (*Nominated*): സർ, ഞാൻ ഈ ഉപക്ഷേപത്തിന്റെ തത്വത്തോടനുകൂലിക്കുന്നു. കവിയൂർപ്രകൃതിയിലും, പരിസരങ്ങളിലും ഉള്ള ജനങ്ങൾക്ക് വൈദ്യസഹായവിഷയത്തിൽ ഇന്നു ലഭിച്ചുകൊണ്ടിരിക്കുന്ന ശോചനീയമായ നിലയെ ബഹുമാനപ്പെട്ട ഗവൺമെന്റിന്റെ ദൃഷ്ടിയിൽ കൊണ്ടുവരുന്നതിനും കഴിയുന്നതും വേഗത്തിൽ അതിന് പരിഹാരം ഉണ്ടാക്കിക്കൊടുക്കണമെന്നു ഡിപ്പാർട്ടുമെന്റു മേലധ്യക്ഷയോടു സവിനയം അപേക്ഷിക്കുന്നതിനും വേണ്ടി യാണ് ഈ ഉപക്ഷേപത്തെ ഞാൻ അനുകൂലിക്കുന്നതു്. പൊതുസ്ഥാപനങ്ങൾകൊണ്ടും ജനബാഹുല്യംകൊണ്ടും തിരുവല്ലാതാലൂക്കിലുള്ള മറ്റു പ്രകൃതികളെ അപേക്ഷിച്ചു് വളരെ പ്രാധാന്യമുള്ള ഒന്നാകുന്നു കവിയൂർപ്രകൃതി. കവിയൂർ ഉള്ള പൊതുജനങ്ങൾ സമീപകാലത്തു് നമ്മുടെ രാജ്യത്തു നടന്ന അനാവശ്യങ്ങളും അനാദരണീയങ്ങളുമായ യാതൊരനിഷ്ടസംഭവങ്ങൾക്കും ഇടം നൽകുകയോ പ്രേരിപ്പിക്കയോ ചെയ്യാതെ ഉറച്ച രാജഭക്തിയോടുകൂടി സ്ഥിതിചെയ്തിരുന്നുവെന്നുള്ള പരമാർത്ഥം അഭിമാനത്തോടുകൂടി ഞാൻ പ്രസ്താവിക്കുന്നു.

PRESIDENT: How does the honourable member relate the loyalty of the local inhabitants of Kaviyoor with the desirability of increasing the number of House Surgeons. Honourable member will proceed with that aspect in view.

MR. KAVIYOOR K. K. KOCHUKUNJU: ഇപ്രകാരം ഉറച്ച രാജഭക്തിയോടുകൂടി സ്ഥിതിചെയ്യുന്ന അവിടത്തെ പൊതുജനങ്ങൾ വൈദ്യസഹായവിഷയത്തിൽ വളരെ ബുദ്ധിമുട്ട് അനുഭവിക്കുന്നുണ്ട്. വൈദ്യസഹായവിഷയത്തിൽ അവർ എത്രമാത്രം സങ്കടം അനുഭവിക്കുന്നു എന്നുള്ളതിന്റെ ഒരു വിശദവിവരണം ഫ്ര ഫ്ര ർ മകരം ഡന്യാനു-യിലെ മലയാളരാജ്യത്തിന്റെ മുഖപ്രസംഗത്തിൽ നിന്നു തന്നെ ഗ്രഹിക്കുവാൻ കഴിയുന്നതാണ്.

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PRESIDENT: Cut motion 342 is for the purpose of bringing to the notice of Government the necessity of a hospital in Kaviyoor pakuthy. That will be reached in the course of the discussion. The question of appointing a House Surgeon for Kaviyoor pakuthi could not be discussed within the scope of this motion.

DR. (MRS.) POONEN LUKOSE (*Surgeon-General*): Sir, the honourable members who spoke on the subject House Surgeons in the hospitals and dispensaries have not understood, I am afraid, the difference between appointing honorary House Surgeons here and the honorary system that has bean recommended in Madras. The two are quite different.

PRESIDENT: The idea in Madras is that no honorary surgeon will get any salary and that no medical practitioner in Government service is to have any private practice. The honorary surgeons will be paid Rs. 20 per mensem and the other doctors are to work for nothing so far as private practice is concerned.

DR. (MRS.) POONEN LUKOSE: The honorary House Surgeons may not even get Rs. 20 hereafter: In the year 1110, Sir, the idea of appointing House Surgeons in hospitals in Travancore was contemplated. At present there are 14 House Surgeons working in different hospitals of the State. They are of some real help in the hospitals and they also gain practial experience. But I am, against the appointment of honorary House Surgeons in the dispensaries. The dispensaries have not got the conveniences for training House Surgeons, dispensaries are meant to be institutions where people resort to mostly as out-patients. It is true that in Chengannur Dispensary, there is a large out-patient attendance. The appointment in a dispensary of a House Surgeon who is new and who has just passed out from the college, will not help in rendering efficient medical aid to the people. I am in favour of posting House Surgeons only for a limited period in the hospitals. But what has been happening here is that for the last three or four years, continuously House Surgeons have been working in various hospitals. From last Kanni they are given a small honorarium—Rs. 30 for an Assistant Surgeon and Rs. 20 for a Sub-Assistant Surgeon. It is not good that these young men should go on working for this pittance for years while others in service are paid higher salaries. But we have to remember that the salaries of doctors in Travancore is far less than those in British India. Assistant Surgeons and Sub-Assistant Surgeons in Madras Presidency have much higher scale of salaries. By appointing honorary House Surgeons in our dispensaries, the doctors are not going to gain much experience nor are the people to be benefited much. But the appointing of House Surgeons in hospitals for a limited period to gain experience is acceptable. We have now as I said before 14 house surgeons who are working for some years in the various hospitals. If they are prepared to go out and start work on their own, they will be of very great help to the people particularly in rural areas. I trust the honourable members of this House will encourage these young men. Hereafter Government will not be able to undertake everything for the

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people. The people must lighten the financial burden of G ernment by helping existing medical institutions and starting institutions in rural areas and in parts where there is no medical aid. There are no Government medical institutions in England. English hospitals are run by endowments and voluntary subscriptions. I have been there recently and observed the working of these institutions. They are liberally supported by voluntary subscriptions by the people. There are also nursing homes for the well-to-do. But hospitals are meant mainly for the treatment of the poor. It is not possible for us to adopt all that is practised in other countries. But it is time for us to do something. The rules governing the working of honorary House Surgeons have to be modified before moreHouse Surgeons can be appointed.

MR. KAINIKKARA M. PADMANABHA PILLAI (*Changaancherry* cum *Peermade*): Sir, I wish to make a few remarks in support of this motion. The necessity for appointing house surgeons in the hospitals has been emphasised by the previous speakers. From what has been spoken by the officer in charg and also from the remark that fell from the honourable member Mr. S. Govinda Pillai, I believe that I might speak a few words on another aspect of the same question, or rather a particular direction in which this can be used to the wider advantage and benefit of the country at large. We find year after year demands for wider madical aid. We have been complaining that the medical aid does not reach the village as much as it should reach. We have been demanding for more hospitals and dispensaries This motion recommends for the appointment of more house surgeons in the hospitals and dispensaries of the State. I would support the motion as a first step towards an organised move for the supply of medical aid in rural areas. The Government are spending a considerable amount on Medical Department. We do want Government to spend more money on it. At the same time, with the revenue that we have got, even if Government come forward with an increased allotment, we know that we cannot have as many hospitals and dispensaries as we require. The one suggestion that I would offer is this. Just as there are grant-in-aid Ayurveda Vydiasalas run by private Vydians under the direct control and supervision of the Ayurveda Department, there could be a net work of private dispensaries throughout the country under the direct control and supervision by the Medical Department. If we are to have such hospitals and dispensaries, it is necessary that we should have doctors trained in very well furnished hospitals manned with the best doctors, best experts, avilable in this country. Therefore, this recruitment of honorary surgeons in good numbers can be made a preliminary step for distributing these doctors as private practitioners, supervised and controlled and if possible aided with a grant by the Medical Department.

One thing more I would like to point out in this connexion. Our country has been always famous for charity But those who would take the trouble to look into the actual working of that charity would notice that there is another aspect in our charitable institutions. It does not deserve the universal praise that it has always got. Our charity

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[Mr. Kainikkara M. Padmanabha Pillai]

has always been rather indiscriminate. We know that poor men have to be fed. But the feeding in Travancore has always been indiscriminate of the poverty or the wealth of the person that is fed. The Medical Department has always been a charitable department rendering medical aid indiscriminately free to the rich and the poor. Sir, the duty of an advanced and civilized Government is always to relieve the poor from the burden of taxation and to transfer that on to the shoulders of the rich. That is what the Medical Department ought to have done. I do not know the reason why a rich citizen of the country be not asked to pay for the medical aid he gets. If the Travancore Government is to meet the growing demand in rural areas, if the Government are to open more dispensaries and hospitals or to control a network of private practitioners, supported financially and supervised by the department, then certainly let the rich be asked to pay. A revenue to the Medical Department must be obtained by a sort of indirect taxation, I would say, from the rich. The medical aid must be completely free to the poor, but not to the rich. In our country there are very well qualified private practitioners in different towns and villages besides the well-equipped hospitals. But even the rich citizens of a town would naturally go to Government hospitals for the one simple reason that he can get free medicine In Trivandrum Sir, for example the Dewan himself might require medical aid. I am afraid he would go to the General Hospital.

PRESIDENT: I do.

MR. KAINIKKARA M. PADMANABHA PILLAI: Without attributing miserly motives to the Dewan, I would say that most probably, unrecognised by himself, in the sub conscious stage,there is an attraction for a free hospital. I do not know why such highly paid officers and rich merchants and landlords should be given medical aid without payment. While the poor penniless millions should get medical aid free of cost, I think the rich men must be asked to pay, not only for the medical aid to them but also for the medical aid given to the poor.

MR. E. SUBRAMONIA AIYAR (*Nominated*): Suppose Government doctors treat the rich and get some money. Does the member suggest that the money obtained from the rich should be surrendered to Government ?

MR. KAINIKKARA M. PADMANABHA PILLAI: There are two alternatives. If Government do not pay any salary to the doctors, I have no objection to the doctors getting the necessary fee. Once they get a salary, they should not get any fee from the patients. That should be left to them to choose. Either one or the other should be agreed to by thm.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: Is it the honourable member's view that the Government Medical Officers should not have private practice ?

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MR. KAINIKKARA M. PADMANABHA PILLAI: They cannot have salary and private practice. My suggestion is that this motion must be accepted with an eye for the future. The department and the Government must see that it is possible with the present revenue to satisfy the demand of every rural area in the matter of madical aid. The only remedy can be, as I said, by a net-work of private practitioners and for that, this motion has to be accepted. The department must ascertain the places which are in need of medical aid. Doctors should be trained in very well furnished medical hospitals under the guidance of best qualified doctors and sent out, with a grant if possible, to practice in rural areas and to compensate for this additional expenditure, a certain amount of fee might be levied from the rich persons. With these remarks I strongly support the motion.

PRESIDENT: Before the motion is put to the vote of the House there are one or two points which need clearing up. It is very satisfactory to hear for the first time, I think on the floor of this House, sentiments like those expressed by the last speaker with reference to the policy of the Medical Department. As the scope of the original motion has been enlarged and extended by reason of the various points that have been made, certain outstanding problems must be faced. Why is it that, not only in Travancore but also throughout India, almost every third or fourth house bears the nameplate of a doctor if not of a lawyer and why are those plates so numerous in the main urban centres and so rare in the rural parts? The reason is obvious. Taking Travancore, for instance, the State is really competing with the private practitioners. As a matter of fact, the State is competing unfairly with the private practitioner, because to the richest as well as to the poorest in the country it affords medical advice and medical assistance gratis. There is no incentive therefore for anyone to approach a private practitioner unless his eminence is absolutely assured and the patient feels that he cannot get equal efficient treatment anywhere else. He goes direct to the Government hospital; and going into it, what does he find? The medical attendants, the various nurses and all the paraphernalia of the hospital—human nature being what it is—are likely to be more solicitous of the interests and the comforts of the more well-to-do and the more potentially paying person, than of the destitute and the poor patient. To assert that it is not so or that hospitals are run absolutely impartially may be right academically, but there are bound to be exceptions. Not only the State is competing with the private Practitioner but the State also makes it almost compulsory on the part of the well-to-do classes to resort to hospitals rather than to private practitioners because as a result of their poor practice, private practitioners are unable to equip themselves adequately. The result is that there is no incentive to the private practitioner to settle himself down in his own village or locality. He wants to come to the cities for practice if he is an expert and if he is ordinary he begins to apply for honorary House Surgeonship. If the whole policy of the State is changed, as was indicated on a previous occasion, things would be different. Suppose, for instance, it was laid down as a policy that there should be half a dozen or at the most eight hospitals with first

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[President]

grade equipment where the most modern methods of treatment and appliances such as X-Ray and radium apparatus are available. All people, whether poor or rich, should be allowed to take advantage of these hospitals but except for the poorest a small and if possible a graduated fee should be leviable. Only those who demand the highest professional assistance and appliance in surgery from the first class hospitals would go to such hospitals, and the private practitioner would have the opportunity to obtain and build up a practice. I am not referring only to Allopathy but also to the Ayurveda and the Chinthmony systems of treatment. If there are a few centralised institutions absolutely well equipped whose primary object is to cater to the poor, then the problem would be solved easily.

In Kottayam it was found that an appeal had only to be made to the philanthropic instincts of public spirited persons for a fine response to be made. The Kottayam hospital management deserves the utmost commendation for their efforts. They have, by making an appeal to the richer people in that locality already arranged for an extension and I am glad to inform the House that another extension devoted to the treatment of women and children has already been promised by a retired Judge of the Travancore service, and that offer has been thankfully accepted. Elsewhere in the world, hospitals are run almost wholly by private benefactions. This is the main direction which private philanthropy takes and I hope we shall have here something like the response which has been evoked in Mysore and other localities in the way of endowment of beds in hospitals and towards the treatment of special ailments. It is impossible to go back upon the principle laid down in the case of Travancore that, for people who cannot afford medical treatment, it is the duty of the State to give such treatment. Now that has been accepted as a cardinal principle of our administration. It is impossible for our country claiming to be a land of charity to go back upon that principle. But surely that principle can be qualified by laying down that men who can pay should pay. Once that principle is accepted then many other things will follow. House Surgeons then will be an integral part of the system. These men can be regarded as probationers on their way to independent practice. A group of men who go after qualifying themselves in these hospitals can settle down in rural parts to practise. But at present what is the use of these House Surgeons? What prospect have they? Unless they are absorbed in the Medical Department they cannot go anywhere. Therefore they add to the list of unemployed. The question of House Surgeons can only be taken up seriously in conjunction with a general scheme for bringing into existence a few first rate hospitals in selected centres, and the encouragement of private practitioners elsewhere, care being taken to see that they come upto the minimum standard of efficiency and are enabled by Government not competing with them to earn their livelihood. Except as a part of that general scheme, the proposition cannot be dealt with fragmentarily.

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MR. PULIYOOR T. P. VELAYUDHAN PILLAI: I press the motion.

The motion was put and declared lost.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: I demand a poll.

A poll was taken and the House divided as follows:

AYES—26.

1. Mr. P. C. Adichan.
2. Srimati K. Devaki Antharjanam.
3. Mr. E. E. Pandarathil.
4. Mr. K. G. Govindan.
5. Mr. S. Govinda Pillai.
6. Mr. M. L. Janardana Pillai
7. Mr. N. John Joseph.
8. Mr. K. C. Karunakaran.
9. Mr. M. Kesava Panickar.
10. Mr. Menatheri N. Kesava Panickar.
11. Mr. T. T. Kesavan Sastri
12. Mr. Kaviyoor K. K. Kochukunju.
13. Mr. N. R. Krishnan.
14. Mr. A. K. Kumaran Vaidyan.
15. Mr. K. Kunju Panickar.
16. Sahib Bahadur M. K. Mackar Pillai.
17. Sahib Bahadur P. S. Muhammed.
18. Mr. S. Narayana Pillai.
19. Mr. P. Narayana Pillai.
20. Mr. K. R. Narayanan.
21. Mr. R. Narayanan Nambootiri.
22. Srimati T. Narayani Amma.
23. Mr. Kainikara M. Padmanabha Pillai.
24. Mr. P. Sivarama Pillai.
25. Mr. Puliyoor T. P. Velayudhan Pillai.
26. Mr. G. Velu Pillai.

NOES—29.

1. Sahib Bahadur V. Chandamiah.
2. Mr. S. Chattanatha Karayalar.
3. Mr. M. L. D'Cruz.
4. Mr. D. Francis.
5. Mr. M. K. Gopala Pillai.
6. Mr. M. Govinda Pillai.
7. Mr. Kannanthodath Janardanan Nair.
8. Mr. N. V. Joseph.
9. Mr. M. G. Kesava Pillai.
10. Mr. T. C. Kesava Pillai.
11. Mr. Thamarappallil Kochuthommen.
12. Mr. Puthupalli S. Krishna Pillai.
13. Mr. C. Kumara Das.
14. Mr. Varkala K. Madhavan.
15. Mr. P. V. Mathai Chemparathy.
16. Mr. N. Narayana Kurup.
17. Mr. G. Narayanan Tampi.
18. Mr. M. K. Nilakanta Aiyar.
19. Mr. J. E. A. Pereira.
20. Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose.
21. Mr. N. Ramakrishna Pillai.
22. Mr. M. Ramachandra Rao.
23. Mr. M. Ramiah Pillai.
24. Mr. P. R. Sankaranarayana Pillai.
25. Mr. S. Sesha Aiyar.
26. Mr. E. Subramonia Aiyar.
27. Mr. J. W. Tolson.
28. Mr. E. P. Varghese.
29. Mr. N. Velu Achari.

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NEUTRALS—3.

1. Mr. Kottalil P. Abraham.	3. Mr. P. Kunjukrishnan.
2. Mr. K. P. Kochukora Tharakan.	

Motion No. 321.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: I rise to a point of order. Ruling 209 on page 134 of the Rulings from the Chair says that if a motion is put to vote all other motions under that heading must lapse.

MR. PUTHUPALLI S. KRISHNA PILLAI: Last year this time, the ruling was that if a motion is carried and the House expresses its opinion on a particular matter then all motions under that sub-heading must lapse.

MR. KAINIKARA M. PADMANABHA PILLAI: It does not matter whether he vote was for or against. It is not a question as to whether the motion is carried or not. When once a motion is put to vote, then it means that the House has expressed its opinion.

PRESIDENT: The point is not so simple as that. As is well known, Presidents' Rulings are entitled to the utmost possible consideration not only because of the eminence of the occupants of the Chair from time to time but also because of the well-known legal principle of *stare decisis* which means that, if a decision has been given by the Chair on one occasion, as far as possible, that decision has to be adhered to even though the succeeding occupant of the Chair may have a different opinion just as one full bench almost invariably follow the decision of another full bench. But, nevertheless the question arises as to the exact construction scope, of this ruling which is rather ambigiously expressed. If a cut pro tant motion is carried the Government is censured. If, for instance, Mr. T. P. Velayudhan Pillai had succeeded in carrying his motion it would have meant that in as much as the Surgeon General has not considered the desirability of increasing the number of House Surgeons in hospitals, she is failing in her duty. In that case, according to the ruling referred to, arguments with regard to the alleged brutish way in which Doctors in Government hospitals and dispensaries are apt to treat patients may not arise because Dr.(Mrs)Lukose was proved to be wrong as to House Surgeons. This seems to be illogical. Why should the poor people in Thodupuzha and Edappalli suffer by their needs not being allowed to be brought forward by the carrying or loss of another motion on a different topic?

MR. PUTHUPALLI S. KRISHNA PILLAI: Precedents which we have been following not only last year but even this year would be in support of the position which I contend for, namely, that all motions under that heading lapse when any motion under a special heading is carried.

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PRESIDENT: This particular ruling is ambiguous. When there is no particular issue before the House, the motion is considered as a censure. The result is a condemnation of the Surgen-General under that heading.

MR. PUTHUPALLI S. KRISHNA PILLAI: There is no Standing Order. It is simply laid down that if a motion is pressed and lost, all other motions of that category lapse.

PRESIDENT: The matter deserves more consideration. I do not propose to give a ruling except to allow the consideration of the motion without prejudice to the ruling referred to. The matter is of great importance and honourable members will remember that it also affects the privileges of the House. If we are to stop with the decision of one motion under one heading then the department becomes absolutely safe from any attack under any other topic. The question has to be well considered before I give a ruling.

MR. A. K. KUMARAN VAIDYAN (*Kunnatnad cum Parur*): മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറിലെ ഡാക്ടറന്മാരുടെ രോഗികളോടുള്ള പെരുമാറ്റത്തെക്കുറിച്ച് പറയുന്നതിന് ടാവലിംഗ് അലവൻസിനുള്ള ക ക o o രൂപയിൽനിന്നും ക രൂപ കുറയ്ക്കണമെന്ന ഉപക്ഷേപത്തെ ഞാൻ അവതരിപ്പിച്ചുകൊള്ളുന്നു.

PRESIDENT: I think honourable members would do better if they would avoid such adverbs and adjunctives in cut motions as in this case. Considering the publicity that is given to the transactions that take place in this House, expressions like brutish should be avoided. If the honourable member had used the word "indifference" or "callousness" I could have understood it. Honourable members will take more care hereafter in the use of such expressions.

MR. C. V. CHANDRASEKHARAN: The honourable member might have sent his cut motion in Malayalam. I think the wording is the refinement of the Assembly Office.

MR. A. K. KUMARAN VAIDYAN: തിരുവിതാംകൂർ ഗവണ്മെൻറ് വളരെ പണം ചെലവാക്കി മനുഷ്യരുടെ ജീവരക്ഷക്കായി ഏർപ്പെടുത്തിയിരിക്കുന്ന ഒന്നാണ് മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറ്. എന്നാൽ ഒട്ടുമുക്കാൽപങ്കു ഡാക്ടറന്മാരും രോഗികളോട് തീരെ കരുണയില്ലാതെ പെരുമാറുന്നതായിട്ടാണ് എൻറെ അനുഭവത്തിലും അറിവിലുമുള്ളത്. ഒരു രോഗി ഒരു ഡാക്ടരുടെ അടുക്കൽചെന്നാൽ ആദ്യമായി വയസ്സ്, പിന്നെ പേര് ഇത്രയുണ്ടും ചോദിക്കുന്നു. ഈ ചോദ്യം കേട്ടാൽ ഇതുകൊണ്ട് വളരെ എളുപ്പം ദീനം കണ്ടുപിടിക്കാമെന്നുള്ള വിചാരമാണ് ഡാക്ടറന്മാർക്കുള്ളതെന്നു തോന്നിപ്പോകും. പ്രതിദിനം അഞ്ഞൂറോ ആയിരമോ രോഗികൾ ആശുപ

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[Mr. A. K. Kumaran Vaiydyan]

ത്രികളിൽ വരുന്നുണ്ടെങ്കിലും അവിടെ സാധാരണയായി മൂന്നോ നാലോ ഡാക്ടറന്മാരെ കാണാൻ കഴിയുമെങ്കിലും അവരാരും ഈ രോഗികളെ പ്രത്യേകം ശ്രദ്ധിക്കുന്നതായി കാണുന്നില്ല. രോഗികളെ പരിശോധിക്കുക എന്നുവച്ചാൽ ഏതൊ ഒരു മാന്ത്രികശക്തിയാൽ പെട്ടെന്നു രോഗത്തെ കണ്ടുപിടിക്കുന്ന ഭാവത്തിലാണു് മരുന്നുകുറിപ്പു് എഴുതിക്കൊടുക്കുന്നതു. ദീനത്തിന്റെപ്രകൃതിയാകട്ടെ, സ്വഭാവമാകട്ടെ അറിയുവാൻഅവർആഗ്രഹിക്കുന്നില്ല. അവയെപ്പറ്റി യാതൊന്നും രോഗികളോടു ചോദിക്കുന്നതുമില്ല. ഞാൻ ആശുപത്രിയിൽ പോയിതാമസിച്ചിട്ടില്ലെങ്കിലും പലരേയും കാണുന്നതിനുവേണ്ടി അവിടെ പോകാറുണ്ടു്. അപ്പോഴെല്ലാം എനിക്കു് ഈ അനുഭവമാണു് ഉണ്ടായിട്ടുള്ളതു്. ഏറ്റവും നിർദ്ദാക്ഷിണ്യമായിട്ടാണു രോഗികളോടു അവർ പെരുമാറുന്നതു്. ദീനക്കാരോടു് അവർ ഇങ്ങിനെ പെരുമാറുന്നതുകാണുമ്പോൾ മനുഷ്യഹൃദയമുള്ള ഏതൊരാൾക്കും സങ്കടംതോന്നും. ഒരു ഡാക്ടർ ഒരു പ്രസവക്കേസു് സംബന്ധിച്ചു ഒരു വീട്ടിൽപോയിരുന്നു. അനന്തരം അവർ ഒരു കുട്ടിയെ പ്രസവിച്ചു. കുട്ടിയിൽ വേറെ ഒരു കുട്ടികൂടി ഉണ്ടെന്നു മനസ്സിലായി. എന്നാൽ കരാർ ചെയ്തിരിക്കുന്ന കണക്കനുസരിച്ചു് മറെറാരു കുട്ടിയുടെ ഫീസുകൂടി തന്നെങ്കിൽ മാത്രമെ ആ പ്രസവം താൻ നടത്തിത്തരികയുള്ളു എന്നു് ആ ഡാക്ടർ പറഞ്ഞതായി എനിക്കറിയാം.

PRESIDENT : Where was that.

MR. A. K. KUMARAN VAIDYAN : പറവൂർ താലൂക്കിൽ കോട്ടുവള്ളി എന്ന സ്ഥലത്താണു്. ചികിത്സിച്ച ഡാക്ടരുടെ പേർ ഞാൻ രഹസ്യമായി വേണമെങ്കിൽ പറയാം. അല്ലാതെ പരസ്യമായിപറയുന്നതിനു നിവൃത്തിയില്ല. ആ സമയത്തുള്ള സ്ഥിതി എന്താണെന്നു സർജൻ ജനറൽ അവർകൾ ആലോചിച്ചാൽ അറിയാവുന്നതാണല്ലോ.

MR. KOTTALIL P. ABRAHAM : എത്രകാലമായി ഈ സംഭവം നടന്നിട്ടു്?

MR. A. K. KUMARAN VAIDYAN : ഏകദേശം നാലു കൊല്ലമായിക്കാണും.

ഇങ്ങിനെ വേറേയും പല ഉദാഹരണങ്ങൾ പറയുവാൻ കഴിയും. ഇതുകൊണ്ടു് ജനങ്ങൾക്കു നേരിടുന്ന വിഷമങ്ങൾ എത്രമാത്രമാണെന്നു് ഊഹിക്കാവുന്നതാണല്ലോ.

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അതുപോലെതന്നെ, ഓരോ ആശുപത്രിയിലും കഞ്ഞി മുതലായ സാധനങ്ങൾ കൊടുക്കുന്നതിന് ഏർപ്പാടുകൾ ചെയ്തിട്ടുണ്ടെങ്കിലും ഒരുപറയ്ക്ക് നാലിടങ്ങഴി എന്ന കണക്കനുസരിച്ചുള്ള കഞ്ഞിയെങ്കിലും അവർ കൊടുക്കുമോ എന്നുള്ള കാര്യം സംശയമാണ്. രോഗികൾ ചെല്ലുന്ന സന്ദർഭങ്ങളിൽ ഡാക്ടറന്മാരുടെ മുഖഭാവം കണ്ടാൽ വളരെ ഗൌരവത്തിലിരിക്കുന്ന ഉദ്യോഗസ്ഥന്മാരാണ് അവർ എന്നു തോന്നിപ്പോകും. ദീനക്കാര്യം ചോദിച്ചറിയാൻ അവർക്കു സമയമില്ല. പണക്കാരായ രോഗികളാണെങ്കിൽ അതിനുള്ള സമയവും സൌകര്യവുമെല്ലാം അവരുണ്ടാക്കും. ആശുപത്രികൾ സ്ഥാപിച്ചിരിക്കുന്നതു സാധുജനങ്ങളുടെ രക്ഷയെ ഉദ്ദേശിച്ചാണ്. പണക്കാർക്ക് ആശുപത്രികളിൽപോയി കിടക്കാതെ പ്രൈവറ്റു ഡാക്ടറന്മാരെക്കൊണ്ടോ അല്ലെങ്കിൽ ഗവണ്മെൻറു ഡാക്ടർമാരെ വീട്ടിലേക്കു വിളിച്ചോ ചികിത്സിപ്പിക്കാൻകഴിയും. ഒരു ഡാക്ടർ ഒരു മരുന്നു കുറിച്ചുകൊടുക്കാമെന്നു വിചാരിച്ചാൽതന്നെയും കമ്പൌണ്ടർമാർക്കു കൈക്കൂലി കൊടുത്തില്ലെങ്കിൽ നല്ല മരുന്നു കിട്ടുകയില്ല. പണം കൊടുത്തില്ലെങ്കിൽ വെറും ചുവന്ന വെള്ളം ആയിരിക്കും കിട്ടുന്നതു.

PRESIDENT : I hope they give pure water.

MR. A. K. KUMARAN VAIDYAN : സാധാരണയായി ഗവണ്മെൻറിൽ നിന്നും മരുന്നുകൾ കൊടുക്കുന്നില്ല എന്ന സമാധാനമാണ് അവർ പറയാറുള്ളതു്. കൊടുക്കുന്ന മരുന്നതന്നെ അടുത്തുള്ള കച്ചവടഷാപ്പിൽ കൊണ്ടുചെന്നു വിൽക്കുകയാണു പതിവു. ഉത്തരതിരുവിതാംകൂറിൽ, വിശേഷിച്ചും പറവൂർ കുന്നത്തുനാടു ഈ താലൂക്കിലുള്ള ആശുപത്രികളിൽ ഞാൻ മുൻപു പറഞ്ഞ രീതിയിലുള്ള പരിശോധനകളും ചികിത്സകളുമില്ലാതെ നടക്കുന്നില്ലെന്നുള്ളതു് സർജൻ ജനറൽ അവർകൾക്കു അന്വേഷിച്ചാൽ അറിയാൻ കഴിയുന്നതാണ്. ഇതു് അവിടെയിരിക്കുന്ന ഡാക്ടറോടു് എനിക്കു് യാതൊരു വിരോധവുമുണ്ടായിട്ടു ഞാൻ പറയുന്നതല്ല.

ഗവണ്മെൻറിൽ നിന്നും ഇതിനെപ്പറ്റി വേണ്ടവിധം ശ്രദ്ധിക്കാതിരുന്നാൽ സാധുക്കളായ അനവധി ജനങ്ങൾ കഷ്ടപ്പെടുകയും മരിക്കുകയുംചെയ്യും. ആശുപത്രിയിലെ കണക്കു നോക്കിയാൽ മരണം കുറവാണെന്നു കാണാം. മരിക്കുന്നതിനു ഫ 0 മിനിട്ടുമുൻപ് രോഗിയെ, ആശുപത്രിയിൽനിന്നും കൊണ്ടുപോയ്ക്കൊള്ളാൻ പറയും. അയാൾ വീട്ടിലെത്തുന്നതിനു മുൻപ് മരിക്കയുംചെയ്യും. മരണം വീട്ടിലുമല്ല ആശുപത്രിയിലുമല്ല. അതിനാൽ ഇതിനെപ്പറ്റി ഗവണ്മെൻറു വേണ്ടവിധം ശ്രദ്ധിക്കണമെന്നു് സവിനയമപേക്ഷിക്കുന്നു.

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MR. K. P. KOCHUKORA THARAKAN : ഞാൻ ഈ ഉപക്ഷേപത്തെ പിൻതാങ്ങുന്നു. തിരുവിതാംകൂറിലെ മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറിലെ പല ഉദ്യോഗസ്ഥന്മാരും ഇവിടെ ചില ബഹുമാനപ്പെട്ട മെംബറന്മാർ പറഞ്ഞതുപോലെ രോഗികളുടെ നേരെ വലിയ അശ്രദ്ധ കാണിക്കുന്നുണ്ടെന്നു പറയാതെ തരമില്ല. എന്നാൽ അതിൽ ചില നല്ല ഡാക്ടർമാരുമുണ്ട്. ചക്രം കിട്ടിയാൽ കൊള്ളാമെന്ന വിചാരമുള്ള ഡാക്ടർമാരുമുണ്ട്. സാധുക്കളായ ആളുകളോട് വളരെ മര്യാദയായും ഭംഗിയായും പെരുമാറുന്നവരും ഇല്ലാതില്ല. എന്നാൽ കമ്പൗണ്ടർക്ക് വല്ലതും കൊടുത്തില്ലെങ്കിൽ സമയത്തിനു മരുന്നു കൊടുത്തയക്കയില്ല. എത്ര നേരത്തെ ആശുപത്രിയിൽ ചെന്നാലും ഒരു മണിക്കേ മരുന്നു മേടിക്കുവാൻ ചെല്ലുന്നവർക്കു തിരികെ വീട്ടിൽ വരാൻ സാധിക്കയുള്ളൂ. കൊടുത്തയക്കുന്നതു നല്ല മരുന്നാണൊ ചീത്തമരുന്നാണൊ എന്ന് എനിക്കറിയാൻപാടില്ല. താഴ്ന്ന ശമ്പളക്കാരുടെയിടയിൽ ചെറിയ തോതിലും ഡാക്ടർമാരുടെ ഇടയിൽ വലിയ തോതിലും പണം വാങ്ങിക്കുന്നവരും ഇക്കൂട്ടത്തിലുണ്ട്. സർജൻ ജനറൽ ധാരാളമായി യാത്രചെയ്താൽ ഇതു് അറിയാൻകഴിയും. ആശുപത്രിയിൽ ചെന്നാൽ അവിടെയുള്ള ദീനക്കാരെ വിളിച്ച് ഡാക്ടർമാരുടെ പെരുമാറ്റത്തെപ്പറ്റി ആദ്യമായിട്ട് അറിയണം. മിഡ്വൈഫ്കളുടേയൊ കമ്പൗണ്ടർമാരുടേയൊ പ്രവൃത്തനങ്ങളെപ്പറ്റി ചോദിച്ചറിയണം. അക്രമികളായിട്ട് കണ്ടാൽ അവരെ വേണ്ടവിധത്തിൽ ശിക്ഷിക്കണം. മര്യാദക്കാരരാണെങ്കിൽ അവരെ പ്രോത്സാഹിപ്പിക്കയുംവേണം. ഒരു മെംബർ പറഞ്ഞതുപോലെ ഒരു പ്രസവക്കേസിനെപ്പറ്റി ഞാനും കേട്ടിട്ടുണ്ട്. എന്നാൽ ഇങ്ങിനെ പലയിടത്തും അപ്രകാരമുള്ള സംഭവങ്ങൾ സാധാരണയായിരിക്കുന്നതുകൊണ്ട് ഞാൻ അവകളെപ്പറ്റി എടുത്തുപറയുന്നില്ലെന്നേയുള്ളൂ. ഇതിനെക്കാൾ വലിയ ഭയങ്കരമായ കൃത്യങ്ങളും പലയിടത്തും നടത്തുന്നതായി ഈ ഹാളിലിരിക്കുന്ന സാമാജികന്മാർക്കുതന്നെ അറിയാം. ഏതായാലും സർജൻ ജനറൽ ഈ കാര്യത്തിൽ വേണ്ടവിധം ശ്രദ്ധിക്കേണ്ടതു് അത്യാവശ്യമാണ്.

MR. KANNANTHODATH JANARDHANAN NAIR (*Karunagapalli cum Kartigapally*): Sir, I also support the motion. I was practically keeping silent when the question of corruption in the public service was discussed here yesterday and day before yesterday in connection with the Demand for some other department. But in this department because corruption has reached such a pitch, adversly affecting the people at large, espicially the poor class, I am tempted to make a few remarks. The corruption prevailing in the Medical Department is manifold. Last year, the then Surgeon General announced to thi

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House that it is not a crime for doctors to take money from the public. Now, under cover of this statement the doctors have degenerated into standing monuments of corruption and greed, taking people irrespective of their capacity to pay. This, Sir, takes away from the people the benefit that the Government have conferred upon them, *viz.*, free medical aid.

I know, Sir, in several hospitals doctors are giving first consideration to their private patients in the matter of accommodating them. The poor patients are discarded in the corners and verandas while the moneyed private patients are given beds and other comforts. Again, in the matter of medicine supply, a lot of the costliest medicines are removed from the stock by many of the doctors to be utilised for their private practice. I know, as a matter of fact, that jealousy prevails to a great extent in the department. If a particular doctor understands that a particular patient has given money to one doctor then on that account alone another doctor is disinclined to attend that patient. These and other factors forming into a powerful combine have converted the hospitals merely booking offices to the other world.

Sir, in this connection I would like to put in just a word about my constituency. It is about 3 years since the present doctor came to take charge of the Karunagapalli dispensary. Since his coming corruption has reached the highest point. The people of the locality gave a mass representation to the then Surgeon-General who transferred that individual from Karunagapalli. Somehow or other he managed to get that order of transfer cancelled and again came back to Karunagapalli. Since his coming back he has been growing more aggressive and more unkind. Early last month I myself approached the Surgeon General as a representative of the people and requested her that this individual should be transferred from Karunagapalli. She lent me a patient hearing and promised to consider my request. But, Sir, I am sorry to find that the Surgeon-General's promise has not fructified yet. Sir, it would be only just and proper if doctors are often transferred to one place from other and thus save the poor taxpayers from their vagaries and corruptions. Consider, Sir, how just and proper our request is when what all we want is that he should be transferred. Do this please and save us. With these words I support the motion.

MR. M. L. JANARDANA PILLAI (*Nominated*): Sir, I support the motion. There are very many good doctors in the Medical Department; and there are equally a good number who are absolutely unsympathetic and corrupt. The utter irresponsibility with which things are being done is evident from the way in which they conduct themselves in the daily treatment of their patients. I would not mention the names of either the good medical men or of those who are absolutely careless and indifferent to the suffering of the poor people. But I shall just content myself by referring to one or two instances of their callousness. When the outbreak of plague started in Alleppey two years back a certain young boy came to one of his relation's house in Trivandrum. He was suffering from a slight attack of ordinary fever. Because he came from Alleppey, the medical officer who was called to examine the boy, without properly examining him, declared that it was a suspicious

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[Mr. M. L. Janardana Pillai]

case of plague with the result that at midnight he was taken in an ambulance car to Alleppey in pouring rain to be immediately sent to the plague station. And it was pointed out to the medical officer who was in charge at Alleppey that the boy looked quite alright and therefore he should not be taken to the plague shed and housed along with other patients, and that the boy was not apparently suffering from any disease; he was quite hale, hearty and strong and evidently the medical officer at Trivandrum might have made mistake. But the doctor there said that the boy should be straight away taken not to the shed but to a separate building rented by the guardian for the purpose. The boy's father pleaded with the doctors and requested that the boy's blood might be examined before being considered as plague infected, however, at long last, after repeated refusals the blood was examined, and it was found that he was not suffering from plague. The matter did not go beyond that and Government felt subsequently sorry for the incident. I mention this only to show how indifferent and callous some of the medical men are. Instances are not wanting to show that in the various other hospitals in the State similar things are going on. In some hospitals persons who have met with serious car accidents were not allowed admission because the doctors in charge were not satisfactorily paid. Such things are going on even now. While there are excellent medical men in the department who are satisfied with what they get from Government, there are a good number of men, as I have mentioned. The fact is probably, the non-officials have no control over the matter, on account of the fact that if any non-official members bring such corrupt practices to the notice of Government they are told by Government that evidences should be tendered, and otherwise those who complain would get into trouble. Sir, there was in Cochin sometime ago, when the present head of the administration was in the Government of Madras, a high placed European Official employed in the construction of the Harbour. He was found to be corrupt and the matter was brought to the notice of the Government of Madras merely by an interpellation in the Cochin harbour Advisory Committee and the present occupant of the Chair who was then the Law Member to the Government of Madras saw that the officer was expelled within 30 days from date of the interpellation. Sir, we can only bring the facts which we believe to be true to the kind notice of Government. But if Government think that evidences are not forthcoming, particularly in cases concerning professional misconduct or mistakes costing the lives of people, how can a layman let in sufficient evidence——

PRESIDENT: In the same manner that the honourable member has narrated this incident.

MR. M. L. JANARDANA PILLAI: Sir, I wish also to relate another particular instance. This also occurred at Alleppey during the outbreak of plague there. During the examination and inspection of goods that passed from Alleppey in boats, a sum of Rs. 2 was charged per boat by the medical men who passed the boats.

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I spoke about this to the then Dewan Peishkar and he admitted in private conversation that Rs. 2 had to be paid to medical men for passing the boats, but when I made the charge at the open meeting of merchants convened by the Dewan Peishkar, he denied that medical men received any amounts merely because he wanted to shield his officers. This is the way in which corruption is encouraged here.

MR. T. C. KESAVA PILLAI (*Kalkulam* cum *Vilavankod*): Sir, I also support the motion. In supporting this motion I would place before the Government the fact that there is so much of competition going on among Allopathy, Ayurveda and Sidhavaidya. There is competition between vaidyans and vaidyans and there is competition between doctors and vaidyans The nature of the cut motion itself would show that there is competition between the vaidyan and the doctor.

MR. A. K. KUMARAN VAIDYAN: ഇങ്ങനെ ഏതെങ്കിലും ഒരു ഡാക്ടർമായി കാംപെറിഷൻ ഉണ്ടായി എന്നു തെളിയിക്കാൻ ബഹുമാനപ്പെട്ട മെംബർക്കു സാധിക്കുമോ?

MR. T. C. KESAVA PILLAI: Sir, I simply wanted to impress upon the honourable members the fact that much competition is going on between different systems of medical treatment and their advocates.

PRESIDENT: That is a humourous way of putting that point of view.

MR. T. C. KESAVA PILLAI: Therefore, Sir, it is highly necessary that the Medical Registration Bill must be brought into force at the earliest opportunity.

PRESIDENT: How will that deal with this particular question?

MR. T. C. KESAVA PILLAI: The so-called 'brutish ways' means this. If it is a case of tumour, a doctor would suggest an operation. If on the other hand, an ordinary vaidyan is approached he would prescribe some *kashayam*. In the eyes of a vaidyan the former procedure will be considered bruitish.

MR. A. K. KUMARAN VAIDYAN: അലോപ്പതി ചികിത്സാസംബ്രദായം നടപ്പിൽ വരുന്നതിനു മുൻപ് ഇവിടെയുണ്ടായിരുന്ന സുഖക്കേടുകൾ എങ്ങനെ ഭേദപ്പെടുത്തിക്കൊണ്ടിരുന്നു എന്ന് മെംബർക്കറിയാമോ?

MR. T. C. KESAVA PILLAI: മുൻപേ ചില രീതികളൊക്കെ ഉണ്ടായിരുന്നു.

So in regard to that question it is necessary to emphasise the desirability of Government taking the earliest opportunity to introduce a Medical Registration Bill including the Allopathic and Sidhavaidya systems.

My second consideration is that in most of the hospitals the instruments are often times rusty and other techinicalities which the member in charge of the department should take particular note of. I have experienced such difficulities and it may be mentioned that deaths have taken place in some cases. When an ordinary poor lady from the

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village is brought to the so-called District Hospitals in rural areas, the doctor would take his own time, just 12 or 13 hours after the arrivel of the patient, to attend on her. She would be kept till the next morning in something like a bath room. I quote this instance as having occurred some years back in the Parasala Hospital. A poor and innocent woman belonging to a very poor family was brought into the hospital. She was placed inside a room and the door was locked. Fortunately, there was one window through which light and air would enter. The next day morning the doctor came to attend on her. But, she died soon after. I simply relate this to impress upon the Government the importance of this matter *viz.*, that these flaws could be easily looked to during the inspection by the Inspecting Medical Officer.

In some of the hospitals, Sir, insufficiency of medicine is felt.

PRESIDENT: That is a separate matter which is coming up later.

MR. T. C. KESAVA PILLAI: Sir, in some hospitals only three medicines out of the four that are needed for a mixture are available. The fourth medicine is easily substituted by some alkali and thus the concentration of the mixture is preserved. When such mixtures are supplied it is really 'brutal'.

Then, Sir, I hope the malarial patients will be given special treatment. I am recommending the supply of *kanji* to the poor men who are affected by malaria, along with the quinine. I would strongly recommend Government to continue this supply of *kanji* for at least two months. I request that the Government may kindly sanction this.

Sir, another important item which I wish to bring to to the notice of the Government is the checking of the stock by the Medical Officer. If it is any—

PRESIDENT: The honorable member will confine his remarks to the subject.

MR. T. C. KESAVA PILLAI: Sir, I only wish to bring these matters to the notice of the Government, and with these few words I support the motion. I request that the Surgeon-General would order the sale of quinine to the poor.

MR. S. CHATTANATHA KARAYALAR (*Pathanapuram* cum *Shencotta*): Sir, I wish to make a few observations on this motion. This is a censure motion directed against the Surgeon-General and it is sought to be vested on the ground that the treatment of patients by the doctors of the State, in general, is inhuman and reprehensible. So from the nature of the motion it appears to me that this motion can be justified only if the inhuman treatment is wide-spread and colossal in extent on the part of the doctors towards patients in general. Unless, therefore, this House is satisfied that the majority of the doctors are inhuman and irresponsible in their conduct towards patients, this motion ought not to be accepted by the House. Of course, individual cases have been brought to light by some members who spoke on the motion. These individual cases have to be dealt with on their merits

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by the Surgeon General. But the question is whether the evil exists on such a colossal scale as to justify a censure motion. If the evil is so rampant as to amount to a scandal and if it is not put down by the Surgeon General even after it is specifically brought to her notice, then it would be a serious matter. What I wish to suggest is that if there are only a few stray cases in which the doctors have behaved in a most inhuman and irresponsible manner towards patients, then their cases ought to be brought to the notice of the Surgeon General and there is no scope for generalisation. If in spite of the fact that such offences are brought to the notice of the Surgeon General, she should be indifferent, it will be time for members to bring forward motions. As things stand and so far as my information and knowledge goes, the vast majority of the medical practitioners and the medical men are treating the patients quite like human beings and not like inhuman beings. The evil is not so widespread as to call for a censure motion of this nature. However, I would like to know from the Surgeon General whether this evil exists in such a colossal scale and if so, to request her to enlighten the House on the action taken by her to put down the evil.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: Sir, even though the doctors in the Government Medical institutions in the State are very kind and courteous to the patients and also very efficient in their profession the result of their consultation and preliminary examination of the patients taken to those institutions, in a few cases, turns out to be rather very disappointing and even disgraceful to the State and to the Medical Department as a whole. Of course, in such cases I must candidly admit that such results are not at all due to any fault or indifference on the part of the doctors. But, on the other hand I can assure this House that it is entirely due to the want of sufficient equipments in those institutions.

Sir, I wish to make a few observations on this motion, especially with regard to the state of affairs pretaining to the General Hospital in Trivandrum.

Before doing that, I must admit, that the administration of that institution is quite satisfactory and all the doctors there are very efficient in the matter of scientific medical treatment and very polite and very courteous in their dealings towards the patients and outside public going over there. Sir, my complaint is that in the General Hospital, which is the premier Medical institution in the State and one of the most important institutions in South India, if we are repeatedly asked to take patients taken to that Hospital, in a few cases, to Madras and elsewhere especially in cases where immediate attention is required, does it not amount to a disgrace to the Medical Department and to the State? That is the question which I wish to ask. Besides a few instances of the kind I would take the case of a patient taken by no less a person than Dr. Raman Tampi, who is the retired Durbar Physician or Surgeon-General.

PRESIDENT: Also in charge of the Residency Hospital.

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PULIYOOR T. P. VELAYUDHAN PILLAI:— Yes, Sir. When a few months ago when I happened to pass the gate of the General Hospital I heard some respectable and educated men, who are standing near the General Hospital, making some remarks about the General Hospital in General. When I enquired about the matter they told me that Dr. Raman Tampi took a boy to the General Hospital because a pin had gone down the wind pipe of the child. After examination, the doctors there, immediately took the boy to the X-ray room. After the X-ray examination they were able finally to locate the exact position of the pin. But on account of the insufficiency of the equipment it was not possible to extract the pin from within the body. That was what the men were remarking about.

PRESIDENT: Dr. (Mrs.) Lukose, was that not on account of the absence of a certain instrument in the Hospital.

DR. (MRS.) LUKOSE: Yes, Sir. The instrument required for that extraction is the Bronchoscope.

PRESIDENT: Has that instrument not yet been ordered since?

DR. (MRS.) LUKOSE: We have not ordered for it. But it is under consideration.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: Sir, I am very glad that the matter has been given particular attention both by the Government and the Department.

Sir, yesterday I took a girl who is a relation of mine to the General Hospital because a very small key of a miller lock had been swallowed by her. She is a school going girl aged about eight or nine.

PRESIDENT: What, swallowed a key?

MR. T. P. VELAYUDHAN PILLAI: Yes. Immediately after my going to the Hospital, the doctors who were kind to me took the patient to the X-ray room. A preliminary examination was conducted and at my request the Doctor in charge of that Branch was kind enough to show me also the exact location of the key. They asked me to wait for the next day so that the key might go out naturally as it was then in the intestines and they assured me that it will cause no harm to the girl. Now, without any treatment in the Hospital the girl is alright. But suppose the key had gone down the wind pipe. What would have been the hardship caused?

PRESIDENT: Would that have caused any difficulty in the General Hospital, Dr. Lukose?

DR. (MRS.) LUKOSE: No, Sir. In the other case the difficulty was that certain special apparatus was necessary because it was a pin.

MR. T. P. VELAYUDHAN PILLAI: Sir, I was pointing out the difficulty that would be caused ....

MR. C. V. CHANDRASEKHARAN: Will the honourable member kindly tell us what happened to the key finally? (*Laughter.*)

MR. T. P. VELAYUDHAN PILLAI: If the honourable member is very inquisitive of knowing it I shall ascertain it tomorrow and tell him (*Laughter*).

PRESIDENT: Order, order.

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MR. PULIYOOR T. P. VELAYUDHAN PILLAI: Sir, my only object in mentioning these facts is to bring to the notice of this House and to the Chair the difficulties that we have been experiencing in this matter. It is only a few months back that I happened to read in some newspapers that Government had very kindly sanctioned leave to some Medical Officer to go to America and qualify himself in Bronchoscopy. My information is that he has returned. Why should the valuable services of such an expert who has also acquired special knowledge and practice in Bronchoscopy from one of the most famous institutions dealing solely in this branch of the medical science, be allowed to be of no use to the public simply on account of the insufficiency in equipment for that purpose, in the General Hospital? I request that the Government may be pleased to see that our General Hospital is well equipped with all the necessary apparatus so that it would be of great use to the public. May I trust that the Surgeon General will not defer recommendation to Government for the necessary sanction to get down the instruments required for the treatment of the kind.

MR. KOTTALIL P. ABRAHAM: Sir, I wish to make a few remarks on this motion. Sir, the motion as it is worded amounts to a wholesale condemnation of the treatment afforded to patients in our hospitals and by our Doctors in General. No hospital and no doctor is saved. The treatment afforded to patients is suggested to be 'brutish.' If the word 'Brutish' had been humourously applied to the Surgical side of the treatment, one would have had no serious objection. To use the word 'brutish' seriously against any aspect—surgical or civil—of the Medical treatment in general is something to which I cannot subscribe. I do not thereby deny that there are doctors here and there who are really unsympathetic and who deserve severe chastisement from their superiors. The experience of the patients in the Hospital when they go there for the first time is rather distressing. There will be several patients waiting at the door of the Hospital, each man trying to enter first, before the other. The longer he remains there, the more the patient becomes impatient. All the while the Doctor will be attending to the patient who had got access to him and the number of patients who crowd before him at a time is likely to annoy him and further limits the time he has to allot to each patient. There is some sort of hurry or haste in dealing with each patient. What happens is that doctor identifies the patient to begin with and then tries to prescribe for the first mentioned disease. In many cases it is often merely repeated a number of days. But such a course of conduct cannot be treated or characterised as "brutish." Much has been said in that direction. As for the imputation regarding the Parur Hospital, and the Medical Officers there, I think I will be failing in my duty if I do not state my experience and say that as far as I know the imputations with which the officers are charged are quite unnecessary and the least merited. The chief doctor there is a local man, and as far as I know he is interested in seeing to the best working of the Hospital which is both near his home and under his control. He is always anxious to provide additional and adequate accommodation to the incoming

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patients. Many of his inpatients are kept on the floor of the rooms and also on the varandhas of the wards. The waiting accommodation for out-patients is also not adequate. These inconveniences in that Hospital have to be redressed as early as possible.

PRESIDENT: The House will now adjourn and meet again at 2 o' clock.

The House adjourned at 1 P. M. and reiassembled at 2.

MR. KOTTALIL P. ABRAHAM: Sir, I would however add in general that grave particular cases of misconduct on the part of the doctors as in the case pointed out by the honourable mover should be enquired into thoroughly and the culprit when discovered should be given exemplory punishment.

MR. N. V. JOSEPH (*Minachil* cum *Todupuzha*): Sir, I oppose the motion. What does the motion say? To discuss "the brutish way" in which doctors treat patients in Government hospitals and dispensaries. It is a statement made about every doctor in Government service and about every Government hospital or dispensary. Sir, such a wholesale condemnation of the Travancore Medical Department is unpardonable. Personally, I think that our Government hospitals and Government doctors are quite up to the level expected of them by the Government and by the people. There may be rare exceptions. Sir, which human institution is there which is perfect? Instances have been narrated here, we have heard also anacdotes and stories. I am sure that if you enquire into their genuineness or authenticity, you will find that several of them are unfounded. It will be like the story of the ghost. Several people believe in ghosts. Who has seen a ghost? That is the case with regard to many of these anacdotes. There is no doubt that when we hear these stories, we are struck by the harshness of the doctors. But if you would enquire into the details you would find that there would be some explanation.

Sir, even assuming that these anacdotes and stories are true, are they so numerous as to merit such a wholesale condemnation of the department? Unless the ill-treatment of patients is colossal and general I do not think it is proper on the part of this House to consider this question at all. For this motion to have been brought forward to this House, these mal-practices, even if the allegations are true, must be universal, affecting the whole State. Sporadic instances here and there cannot be sufficient ground for such condemnation of the department as a whole. I was wondering how, if the treatment in our Government hospitals and dispensaries was really brutish; nearly 3 lakhs of people would think of attending these institutions every year. Statistics show that annually our hospitals and dispensaries treat about 75,000 in-patients, and about 3,00,000 of patients on the whole including in-patients. Judging from these figures, it is preposterous to suggest that the treatment accorded to patients is brutish or anything like that. I cannot really imagine that.

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Also, comparing the private institutions with the Government hospitals and dispensaries, we find that the people go to the latter in much larger numbers than to private institutions. Why should they do so if the treatment there is really brutish. That makes it clear that the allegation, the accusation, the charge levelled against the Medical Department is not true or fair. We have been listening to the number of instances cited. After all how many are they? Just one or two or three. What is that compared to the nearly three lakhs of patients treated every year. What is the proportion that the number of these stray instances bears to the total number of patients treated? Therefore, Sir, I strongly oppose the motion.

MR. N. NARAYANA KURUP: I move that the question be now put.

MR. E. P. VARGHESE: (*Ambalapuzha* cum *Shertala*): I oppose the motion. I fear we have been administered an over-dose of the brutality of doctors. I am sorry that some of the honorable members who supported the motion have altogether forgotten the humane side of the question. I know, Sir, how most of these doctors attend to the numerous patients, who flock to our hospitals at very great personal inconvenience and strain. Invariably they go early in the morning and return very late in the noon; sometimes they have to hurry back from their tables. I do not deny that in some rare cases some patients might not have been treated exactly in that fashion in which they would prefer to be treated. As the previous speaker said, such cases are very rare. That cannot be said of the generality of doctors. Therefore, such wholesale condemnation of the department is unfair and unjustifiable. Sir, the poor people flock to the hospitals in very large numbers. I know that the in-patients are treated with the greatest kindness. The Sisters in the Hospitals are incarnations of kindness and service. They devote all their time in looking to the comforts and convenience of the patients. Cases of unkind treatment are really very rare, perhaps one in a thousand or one in ten thousand. Therefore, as responsible members of this House, it is not right that we make such a wholesale condemnation of the department. The motion is too sweeping and our doctors do not deserve such a censure for the great works of humanity and charity they do.

VAIDYA SASTRA KUSALA DR. (MRS.) M. POONEN LUKOSE: Sir, I am very thankful to you for having allowed Mr. Kumaran Vaidyan to move this cut motion; because, if it had gone unmoved it would have been taken for granted that the whole department—every hospital and every dispensary in this State, every doctor and every subordinate in the Medical Department—merited such a general condemnation. Very serious charges have been levelled against the department, and I feel it my duty to let the House know what the real position is.

Sir, the honorable member who moved the motion has told us of the general unsympathetic and callous way in which patients are being treated in Government hospitals and dispensaries by the staff. How does he exemplify it? I do not know whether the honorable member is an Ayurvedic physician. His methods of diagnosis and

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treatment must necessarily differ from those of the allopathic system. Sir, the member said that when a patient goes to the hospital, the doctor immediately asks his name and age. The names and ages of patients have to be ascertained and recorded not only for statistical purposes. The age is necessary for diagnosis and for dosage of drugs. Certain diseases occur only in certain ages. The age is therefore a very important aid to diagnosis and treatment.

The name and age have to be entered first. There are also other entries made before examination is done and prescription written.

Mr. Kumaran Vydian also said that he had never stayed in a hospital and therefore could not speak anything from his own personal experience. His observations, therefore, are based on what he has heard from others. To them the cruelty of doctors and their greed for money he narrated the story of a woman who had twins. Sir, I have heard the same story related by an honorable member about fourteen years ago when I had the privilege of representing this department in the old Legislative Council.

PRESIDENT: The same case ?

VAIDYASASTRAKUSALA DR. (MRS.) M. POONEN LUKOSE: An identical case. Sir, that was the first time I had heard it; on enquiry I was told then that this was a very old story usually narrated against medical officers. But if the honorable member is actually referring to a specific case I can assure him that if he would only let me know who the doctor is, I shall take the necessary action.

Then, the other allegation that was made was that proper diet was not being given to the in-patients. I must admit, Sir, that we are rather poor in diet allotment. I feel that we ought to give more money for dieting patients in some of the institutions and I have already brought this to the notice of Government.

Callousness and indifference on the part of doctors were also alleged. During my tours to various parts I have taken some trouble to find out how the staff worked. In some of the out-of-the-way stations I have stayed on for more than an hour in the institution after my inspection and have been able to meet several poor patients and residents of the locality. Wherever I have been told that my subordinates were not what they ought to be, I have made prompt enquiries and taken action when found necessary.

Sir, I have been getting letters about subordinates signed by particular individuals written in such a manner that they appear to be authentic. But, when I actually go to the institution after giving notice to the authors of the letters, nobody turns up. In other instances when I enquire of the patient concerned, and the relations they tell me that the accusation made against the staff was absolutely false. I therefore request the honorable members to let me know of

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specific cases of mal-practice. I assure them that I shall certainly enquire into such cases and take prompt action. Sir, it is my earnest desire that such mal-practices, if any, should be stopped. I must say however that it is not possible for me to take any action on general accusations like what has now been made; and I hope the honorable members will realise that.

It was also complained, Sir, that some doctors do not look pleasant, but look at the patients in a terrible way. Sir, no one is responsible for his appearance. It is not all people who are gifted with a winning personality or pleasant or suave manners. The question is different if they are really rude to patients. I am sure honorable members know some doctors who are really very good as doctors but who do not possess what one calls pleasant, a bed-side manner. That certainly, is not a matter for which the doctor can be held responsible.

Again, Sir, the allegation has been made that the richer people are given better treatment in hospitals than the poor. In this matter also I have found during inspections that some in-patients who are well-to-do bring to the hospital their own furniture and kit and make themselves comfortable. The lookers on imagine that these conveniences are given to the richer patients by the staff. Such complaints have reached me.

It has also been stated that patients have to wait for medicines, and that medicines are not properly mixed. In institutions where there are more than 150 out-patients, it is quite natural that the patients have to wait to get their medicines. There are many institutions in which there is only one compounder. Here the patients will certainly have to wait and take their turn. More compounders are necessary in some institutions. It is because we have to find free medicines and comforts for the rich and poor alike that we are not able to spend as much on staff and other necessary items in really deserving institutions and the poor do not get all that they should. I hope that the speech of the Dewan-President this morning will make the honorable members think seriously about this matter, and that they will realise that they also have to help the Government to supplement their finances by private philanthropy medical institutions.

With regard to the payment made to compounders, I understand that there have been some instances. In their cases action has been taken.

Sir, a charge was made that the mortality rate in the hospitals is low because the patients are sent away from the hospitals by the doctors when they are about to die. I think that honorable members will realise that among Indians—the majority of them at any rate—do not like their relations dying in hospital. When I was in charge of the Women and Children's Hospital I know relations have come to me from time to time enquiring whether they can take away the patients because they did not want those patients to die in the hospital. But there are cases in which the patients are brought in such a hopeless state to the hospital that nothing can be done to help

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them and then the doctors may tell the relatives the exact condition of the patient. But these should not be quoted as instances of daily occurrence. Think of the hundreds and thousands of serious cases that are cured in the hospitals. Not a word is heard about them, I know. Sir, that there are doctors who work daily in the different stations from 8 in the morning till two or three in the afternoon, and then practically run home for their meal, (for they have only an hour's interval), and then return to Hospital for the afternoon work. They are doing their work most honestly and most conscientiously.

Then, Sir, I was really sorry to see that Mr. Janardanan Nair misunderstood the statements made by me in the Assembly last year when a question was asked whether remuneration could be received by doctors. What I said was not that fees were to be accepted in hospitals, but that if patients after treatment felt that they should show their gratitude and remunerate the doctor, there was no objection to receiving such remuneration. That is quite different from saying that doctors are corrupt, or that after my statement last year corruption is high. That is very very unfair to me and to the department as a whole.

Sir, tips to menial servants to are quite different from payment of fees to doctors. There are menial servants who may do some special work for the patients, and when such patients leave the hospital they are pleased to give them tips.

Sir, it was said that medicines are removed by doctors. I ask why should they be removed? The doctors are allowed private practice and their private patients can get medicines at present free from the Government institutions. Then why should the doctor taken away the medicines. The other day I got an anonymous petition that a particular doctor had removed medicines from a hospital. I went to the place and found that no such thing had occurred. This is the sort of general complaint about doctors and compounders.

The question of transferring the medical officer at Karunagapalli was brought to my notice, Sir, by the honorable member, but nothing was said against the doctor except that he had been in that institution for about 3 years and that he belonged to a particular community It was not possible to transfer him then. Sir, I am not in favour of transferring doctors every thee years or every two years simply because he happens to be in a station for a certain length of time.

Then, Sir, honorable member made mention of a boy who was kept in quarantine for plague. Sir, I know that case quite well because I happen to have first-hand information about it. It was at the time when plague broke out in Alleppey that the boy came to Trivandrum and he had certain symptoms such as enlargement of glands which at that time was thought to be plague. At any rate the boy had come from an infected area and as he had come to Trivandrum, the capital town it was only right that the doctors who were in charge felt that he should be kept in quarantine and so he was removed. Supposing that

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case really turned out to be plague and the infection spreadin the town of Trivandrum? What a different tale would be told! The doctors could not take risks, so the boy was removed. Honorable members are aware that when persons go from here to Ceylon when small pox or other infectious diseases are prevalent here, they are kept in quarantine, the treatment accorded to the boy was nothing extraordinary. Such precautions have to be taken for the safety of the general public When it was found out after examining his blood that he was not suffering from plague, he was sent back safely. That certainly does not show the utter callousness, indifference or cruelty on the part of the doctors. On the other hand it just showed that they were doing their duty properly.

Mention was made that the instruments at Parassala are rusty. In some institutions the instruments are old and I have already brought to the notice of Government the necessity for replacing many articles in our institutions.

Reference was also made to the General Hospital. Honorable members may be aware that there is to be very soon re-distribution of hospitals and better equipment of some of the hospitals. I have already sent a preliminary recommendations to Government regarding the re distribution of hospitals and their better equipment. The General Hospital, as the premier institution in the State, will be considered first. It is only a question of finance. This matter in ordinary times would have been placed before this House. Now Government are anxious to inprove the institution and the matter will be taken up shortly.

Sir, it is not true to say that urgent cases that require immediate attention are being directed by the General Hospital to be taken to Madras. Instances where patients are advised to go to Madras are very very rare. If patients go to Madras, it is not because they have been asked by the doctors here to go there, but it is because of other reasons. Urgent cases are not sent to Madras but are treated in our institutions.

What I have to say, Sir, is that this general condemnation of the Department in these terms is not at all fair. I wish that honorable members would bring specific cases of misconduct to my notice. I am really anxious to see the Medical Department improved. I have seen medical institutions in different cities in India and also in Great Britain very recently. I can say that our medical men and women are in no way inferior to the doctors outside, only they have not got all the facilities that others outside have. It is up to you to render them all help by making those facilities available to them by coming forward and helping Government to supplement their finances.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: May I know from the member her views about the extreme necessity for deputing an assistant to the Chengnnnur dispensary in view of the largest number of patients there?

VAIDYASASTRAKUSALA DR. (MRS.) M. POONEN LUKOSE: Sir, I have stated that the out-patient attendance in the Chengannur Dispensary is large, but I am not quite sure that it requires another assistant immediately. All the same I shall take note of it.

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MR. A. K. KUMARAN VAIDYAN : ഞാൻ മുഴീയമെന്നല്ല നിർദ്ദാക്ഷിണ്യമായി പെരുമാറുന്നു എന്നാണ് എഴുതിക്കൊടുത്തത്.

സർജൻ ജനറലിന്റെ മറുപടി കേട്ടതിൽ കായ്യങ്ങൾക്ക് വേണ്ട വിധത്തിലുള്ള സമാധാനം ഉണ്ടാകുമെന്നതന്നെ ഞാൻ വിശ്വസിക്കുന്നു. സർജൻ ജനറലിന്റെ പരിശോധനാസമയങ്ങളിൽ മറ്റുള്ളവർ കൃത്യമായി ജോലി ചെയ്യുന്നുണ്ട് എന്നു പറയുന്നതിൽ അർത്ഥമില്ല. മേലധികാരികൾ സ്ഥലത്തു പോകുമ്പോൾ കീഴിലുള്ള ഉദ്യോഗസ്ഥന്മാർ ശരിയായി ജോലിചെയ്യുമെന്നുള്ള സംഗതി എല്ലാവർക്കും അറിയാം. മേലാൽ ഈ മാതിരിയുള്ള സങ്കടങ്ങൾ ഉണ്ടാകാതിരിക്കത്തക്ക വിധത്തിൽ—മനുഷ്യോചിതമായ വിധത്തിൽ—പെരുമാറുന്നതിന് ഡിപ്പാർട്ടുമെന്റു മേലധ്യക്ഷ ശ്രമിക്കുമെന്നുള്ള പ്രതീക്ഷയോടുകൂടി ഈ ഉപക്ഷേപത്തെ പിൻവലിക്കുന്നതിന് അനുവാദം ചോദിച്ചുകൊള്ളുന്നു.

The motion, by leave, was withdrawn.

Motions Nos. 322 to 368.

The following motions were not moved as the time allotted for the demand had expired.—

MR. P. V. MATHAI CHEMPARATHI :
322. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. V. MATHAI CHEMPARATHI :
323. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. NARAYANA PILLAI :
324. To reduce the allotment of Rs. 2,200 for travelling allowance by Re.1.

MR. P. NARAYANA PILLAI ;
325. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. KUNJUKRISHNAN ;
326. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. KUNJUKRISHNAN :
327. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. KUNJUKRISHNAN :
328. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. KUNJUKRISHNAN :
329. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. KUNJUKRISHNAN :
330. To reduce the allotment of Rs. 2,200 for travelling allowance by Re 1.

MR. P. KUNJUKRISHNAN :
331. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. P. KUNJUKRISHNAN :
332. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. VARKALA K. MADHAVAN :
333. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

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MR. THARIATHU KUNJITHOMMEN :
334. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. THARIATHU KUNJITHOMMEN :
335. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. K. R. NARAYANAN :
336. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. K. P. KOCHUKORATHARAKAN :
337. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. K. P. KOCHUKORATHARAKAN :
338. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. K. P. KOCHUKORATHARAKAN :
339. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 2.

MR. K. P. KOCHUKORATHARAKAN :
340. To reduce the allotment of Rs. 2,200 for travelling allowance by Rs. 4.

MR. K. P. KOCHUKORATHARAKAN :
341. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

MR. KAVIYOOR K. K. KOCHUKUNJU :
342. To reduce the allotment of Rs. 2,200 for travelling allowance by Re. 1.

Motions for reduction of total grant.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI :
343. To reduce the allotment of Rs. 13,931 for Superintendence by Re. 1.

MR. N. NARAYANA KURUP :
344. To reduce the allotment of Rs. 13,931 for superintendence by Re. 1.

MR. T. C. KESAVA PILLAI :
345. To reduce the allatment of Rs. 13,931 for Snperintendence by Re. 1.

MR. S. NARAYANA PILLAI :
346. To reduce the allotment of Rs. 13,931 for Superintendence by Re. 1.

MR. KANNANTHODATH JANARDANAN NAIR :
347. To reduce the allotment of Rs. 13,931 for Superintendence by Rs. 10.

SRIMATI T. NARAYANI AMMA :
348. To reduce the allotment of Rs. 13,931 for Superintendence by Rs. 5.

MR. P. S. MUMAMED :
349. To reduce the allotment of Rs. 13,931 for Superintendence by Re. 1.

25 B—MEDICAL, PUBLIC HEALTH AND SANITATION—HOSPITALS AND DISPENSARIES—*Salaries.*

MR. A. K. KUMARAN VAIDYAN :
350. To reduce the allotment of Rs. 96,098 for Assistant Surgeons by Re. 1.

MR. A. K. KUMARAN VAIDYAN :
351. To reduce the allotment of Rs. 96,998 for Assistant Surgeons by Re. 1.

MR. P. V. MATHAI CHEMPARATHY :
352. To reduce the allotment of Rs. 96,998 for Assistant Surgeons by Rs. 10.

MR. A V. MATHAI CHEMPARATHY :
353. To reduce the allotment of Rs. 96,998 for Assistant Surgeons by Re. 1.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI :
354. To reduce the allotment of Rs 5,230 for honoraria to Honorary House Surgeons by Re. 1.

MR. THARIATHU KUNJITHOMMEN :
355. To reduce the allotment of Rs. 2,74,265 for Salaries by Rs. 1.

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HOSPITALS AND DISPENSARIES.—*Establishment.*

MR. KAVIYOOR K. K. KOCHUKUNJU:

356. To reduce the allotment of Rs. 1,663 for Compounders by Re. 1.

MR. THAMARAPALLIL KOCHUTHOMMEN:

357. To reduce the allotment of Rs. 1,97,972 for Establishment by Re. 1.

Motions for reduction of total grant.

MR. M. L. JANARDANAN PILLAI:

358. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

MR. M. L. JANARDANAN PILLAI:

359. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

MR. M. L. JANARDANAN PILLAI:

360. To reduce the allotment of Rs 9,85,083 for Hospitals and Dispensaries by Re. 1.

MR. N. NARAYANA KURUP:

361. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Rs. 10.

MR. K. KUNJU PANICKAR:

362. To reduce the allotment of Rs. 19,85,083 for Hospitals and Diapensaries by Re. 1.

MR. KOTTALIL P. ABRAHAM:

363. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

MR. KANNANTHODATH JANARDANAN NAIR:

364. To reduce the allotment of Rs. 9,83,083 for Hospitals and Dispensaries by Re. 1.

MR. N. NARAYANA KURUP:

365. To reduce the allotment of Rs. 9,85,081 for Hospitals and Dispensaries by Rs. 10.

MR. P. S. MUHAMED:

366. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

25 C—MEDICAL, PUBLIC HEALTH AND SANITATION—MIDWIFERY AND NURSING CLASSES (Temporary.)

Motions for reduction of total grant.

MR. C. JEBAMONY NADAR:

367. To reduce the allotment of Rs. 1,818 for Midwifery and Nursing Classes by Re. 1.

25 H—MEDICAL, PUBLIC HEALTH AND SANITATION—GRANTS FOR MEDICAL PURPOSES.

MR. G. VELU PILLAI:

368. To reduce the allotment of Rs. 42,500 for grants to Allopathic Medical Institutions by Re. 1.

The question that Government be granted a sum of Rs. 10,50,977 under Demand IX—Medical was put and carried and the grant was made.

DEMAND X—PUBLIC HEALTH AND SANITATION.

MR. M. K. GOPALA PILLAI: Sir, I beg to move for a grant not exceeding Rs. 2,56,416 under Demand X—Pablic Health and Sanitation.

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